

□Duplicate

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

The Amendment/Reply filed on:

The Brief/Reply Brief filed on (date):

□ **b**.

Application Number	10/787,310					
Filing Date*	February 27, 2004					
First Named Inventor	KAO					
Group Art Unit	2617					
Examiner Name	O.M. Marsh					
Attorney Docket No.	BHT/3230-90					

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

The Information Disclosure Statement (IDS) filed on (date):

		d. The page(s) of Form PTO-1449 and copy of each listed document filed (date):												
	☒.	e. Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.												
×	2.	A <u>THREE</u> - month Petition for Extension of Time is filed herewith.												
×	3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.												
Ø	4.	Authorization is hereby given to charge Deposit Account No. 501874 in the amount of \$905 to cover the Small Entity Filing Fee (\$395) and the Small Entity Extension Fee (\$510). A duplicate of this form is enclosed herewith.												
	5.	This Request is transmitted by facsimile to number (703)												
	6.	Other:												
THE RCE FEE IS CALCULATED AS FOLLOWS:								WS:		Basic Fee:	\$790.00			
Total Claims: 16 -			21	(highest number previously paid for) = 0.00			X \$18 =	0						
Independent Claims: 4 -				_	4	(highest number previously paid for) = 0.00				X \$86 =	0			
Correspondence Address: TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041					Multiple Dependent Claim (add \$280.00):				0					
					Subtotal:				\$790.00					
CUSTOMER NUMBER: 40144						0144	50% Reduction if Small Entity Status:				\$395.00			
Phone: 703-575-2711				Fa	: 703-575-2707		Total:	\$395.00						
Date:						Name:		Signature			Reg. No.			
June 13, 2007						Bruce H. Troxell		66/14/6 191 FD/		AMED1 000031	003 501474 26,592 DA	10787310		